ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD
1740 W. ADAMS ST., SUITE 4600, PHOENIX, ARIZONA 85007
PHONE (602) 364-1PET (1738) FAX (602) 364-1039
VETBOARD.AZ.GOV



# COMPLAINT INVESTIGATION FORM

*If there is an issue with more than one veterinarian please file a separate Complaint Investigation Form for each veterinarian*

PLEASE PRINT OR TYPE

**FOR OFFICE USE ONLY**

Date Received: March 20, 2018 Case Number: 18-92

**A. THIS COMPLAINT IS FILED AGAINST THE FOLLOWING:**

Name of Veterinarian/CVT: Kim Olson and Sarah Carotenuto

Premise Name: VCA Valley Animal Hospital and Emergency Center

Premise Address: 4984 E 22nd St

City: Tucson State: AZ Zip Code: 85711

Telephone: (520) 748-0331

**B. INFORMATION REGARDING THE INDIVIDUAL FILING COMPLAINT*:**

Name: Gabriel Soimaru

Address: [redacted]

City: [redacted] State: [redacted] Zip Code: [redacted]

Home Telephone: [redacted] Cell Telephone [redacted]

**STATE LAW REQUIRES WE HAVE TO DISCLOSE YOUR NAME UNLESS WE CAN SHOW THAT DISCLOSURE WILL RESULT IN SUBSTANTIAL HARM TO YOU, SOMEONE ELSE OR THE PUBLIC PER A.R.S. § 41-1010. IF YOU HAVE REASON TO BELIEVE THAT SUBSTANTIAL HARM WILL RESULT IN DISCLOSURE OF YOUR NAME PLEASE PROVIDE COPIES OF RESTRAINING ORDERS OR OTHER DOCUMENTATION.*

C. **PATIENT INFORMATION (1):**

Name: Lady

Breed/Species: Collie/German Shepherd mix

Age: 15 y 5 mo Sex: Female Color: Black and Tan

**PATIENT INFORMATION (2):**

Name: _____

Breed/Species: _____

Age: _____ Sex: _____ Color: _____

D. **VETERINARIANS WHO HAVE PROVIDED CARE TO THIS PET FOR THIS ISSUE:**

*Please provide the name, address and phone number for each veterinarian.*

Hanna Canfield, DVM
Kim Olson, DVM
Sarah Carotenuto, DVM
Christopher Coverdill, DVM

E. **WITNESS INFORMATION:**

*Please provide the name, address and phone number of each witness that has direct knowledge regarding this case.*

Gabriel Soimaru
[redacted]

Emanuel Soimaru
[redacted]

## Attestation of Person Requesting Investigation

By signing this form, I declare that the information contained herein is true and accurate to the best of my knowledge. Further, I authorize the release of any and all medical records or information necessary to complete the investigation of this case.

Signature: [signature]

Date: 03/16/2018

F. **ALLEGATIONS and/or CONCERNS:**

*Please provide all information that you feel is relevant to the complaint. This portion must be either typewritten or clearly printed in ink.*

On Wednesday 01/24/2018, our dog Lady threw up and refused to eat and drink. Overnight, we gave her water in her mouth using a syringe. The next day, Thursday 01/25/2018, we went to Monument East Veterinary Hospital, where Lady was seen by Dr. Kay Dennis. She took a couple of X-rays, one on her lungs and one on her GI tract. Dr. Dennis observed Lady had a distended stomach and small intestine. Due Lady's age, Dr. Dennis said Lady is not a candidate for surgery and we have to put her to sleep. I was reluctant to do that, so I told her to remove the catheter they put in one of her paws - without asking for my permission - and I decided to take Lady home.

The following day, Friday 01/26/2017, we went for a second opinion at Southern Arizona Veterinary Specialty and Emergency Center. After a very summary consultation - like three minutes - Dr. Irene Toll-Schacter told us "to do the humane thing" and put Lady to sleep because Dr. Toll-Schacter thought she had cancer. Based on what we heard from Dr. Dennis about a blockage in the intestines, we asked Dr. Toll-Schacter to take some X-rays from different angles or perform an ultrasound to see what might be the nature of the obstruction. Dr. Toll-Schacter decided to perform an ultrasound and after we were kept waiting for two hours, Dr. Toll-Schacter said she didn't observe any blockage during the ultrasound. After three hours spent at Southern Arizona Veterinary Specialty and Emergency Center, we didn't have confidence that the diagnostic was correct and we decided to leave.

The same day, Friday 01/26/2017, we went to get a third opinion at Pantano Animal Clinic, where Dr. Michael Lawton examined Lady. Dr. Lawton immediately performed a blood test and took several additional X-rays. The X-rays were interpreted by IDEXX Telemedicine Consultants and on the conclusion, the radiologist said "Small intestinal mechanical obstruction secondary to a foreign body, possibly a shelled nut, is suspected." Dr. Lawton, at that time, recommended us to take Lady to an emergency animal hospital.

We decided to immediately take Lady to VCA Valley Animal Hospital. On arrival, we were charged $1,500 and then were told a minute later that we need to pay an additional $500 to stabilize Lady. We made the payment and soon after we were put in a waiting room where Dr. Hannah Canfield came and told us about Lady's condition. We gave Dr. Canfield a flash drive with the X-rays from the Pantano Animal Clinic along with a copy of the IDEXX Telemedicine Consultants radiologist's report where it stated that Lady had a blockage inside her intestines in the shape of a "shelled nut."

We then went back home and were told that we will receive a call if Lady's condition worsens or if there's anything we need to discuss. At 4 AM in the morning, we received a call from a doctor telling us that Lady's oxygen level decreased to 92-93% and that they need to give her oxygen in order to keep her alive. They also told us that during her first night at the hospital, Lady developed pneumonia and that she needs to be given antibiotics. The costs of the oxygen and antibiotics would be an additional $1,500 and they asked me if I want to proceed with this or if they should let her die. Half asleep, we told them to do what they think is necessary to improve Lady's condition.

**F. ALLEGATIONS and/or CONCERNS:**

*Please provide all information that you feel is relevant to the complaint. This portion must be either typewritten or clearly printed in ink.*

Continued...

We went to visit Lady in the afternoon and talked to Dr. Canfield again about Lady's condition. They did another set of X-rays on her but could not say what is wrong with her. We reminded her about the obstruction that the other radiologists noticed, but Dr. Canfield said that neither she nor the other doctors at VCA Valley Animal Hospital notice any obstruction. We begged them to contact IDEXX Telemedicine Consultants and ask the radiologists to mark a circle around the obstruction since the doctors at VCA Valley Animal Hospital didn't see it, but the doctors at VCA Valley Animal Hospital didn't contact IDEXX Telemedicine Consultants.

Every day, we visited Lady once or twice and spoke either with Dr. Canfield or another doctor about Lady's condition. Lady was showing no signs of improvement, she was always in a sleepy state because of the painkillers they were giving her and the doctors seemed to become less optimistic each time we talked to them. On the 4th day in the hospital, after they did another set of X-rays, Dr. Canfield told us that she thinks Lady might have cancer. She then recommended that we put Lady to sleep since she said Lady has no hopes of recovering. At this point, Monday 01/29/2018 10 PM, we decided to leave Lady overnight and take her home Tuesday evening, if she would still be alive.

On Tuesday morning, 01/30/2018 around 10 AM, the VCA Valley Animal Hospital called us to take Lady home, if we want to "say goodbye" to her, because she was dying. We went in a hurry to take Lady home and once at the hospital, a nurse gave us instructions on how to feed her using the feeding tube in her nose and hydrate her using IV bags. The doctors had a meeting before and they all agreed that Lady has no chance of recovering and that it will be best to put her to sleep rather than take her home to die. We decided not to listen to this advice and we proceeded with taking Lady home.

We were extremely sad to see that after keeping her in the hospital for 5 days and paying close to $6,000, her condition did not improve. The even more heartbreaking and absurd fact is that we still did not know what was wrong with Lady. The only explanation was that "We think she might have cancer" even though there was absolutely no evidence that she indeed had cancer.

We noticed from the first day after bringing her back that Lady was in pain and suffering, constantly yelping, especially during the night. We fed her with CliniCare Canine Liquid Diet every 4 hours. While Lady was in the hospital, we did research and found a product called Slippery Elm (Ulmus rubra), a natural product that's extremely beneficial for the digestive system, is able to eliminate mechanical blockages in dogs and even approved by the FDA as a demuculent. On Wednesday 01/31/2018, we started giving her Slippery Elm along with her food. After the first couple of meals that included three spoonfuls of Slippery Elm tea, we started hearing gurgling noises in Lady's stomach. We kept doing this and on Friday 02/02/2018, around noon, Lady defecated by herself for the first time in nine days. On close examination, we found a big apricot pit in her stool. We want to mention that after she eliminated the apricot pit - we saved it in a plastic box in our freezer - her condition improved dramatically. We are convinced that the obstruction

F. **ALLEGATIONS and/or CONCERNS:**
*Please provide all information that you feel is relevant to the complaint. This portion must be either typewritten or clearly printed in ink.*

Continued...

was causing the entire problem since she started recovering right after, soon gaining back the ability to eat and drink by herself and then started walking again shortly thereafter.

If we were to have followed the advice of the doctors at VCA Valley Animal Hospital, Lady would have been put to sleep over a month ago. Now, she is fully recovered to her prior state. If the staff at VCA Valley Animal Hospital and Emergency Center thought she had cancer and no hope of recovery, why did they keep her under their care for five days? Alternatively, if they thought Lady had good chances of recovery, then why did they want to put her to sleep and disagree with us taking her home? The accuracy of oximeters is within 2% of the actual value, so according to the VCA Valley Animal Hospital, her oxygen level was in the 97-99% on the first day we brought Lady in and during the night dropped to 92-93%. What if Lady's oxygen level was 95-96% all the time? The margin of error in the accuracy of the oximeter cost us $1,500. Due to the animal hospital's failure to identify the root cause of Lady's symptoms and also being too prideful to contact the expert radiologists at IDEXX Telemedicine Consultants, we feel that all the emotional stress that our family had and vast majority of the costs of Lady's treatment and hospitalization at VCA Valley Animal Hospital and Emergency Center could have been avoided if they gave Lady a laxative. I feel like a weekend mechanic who fixes his car at home after the dealer says the car is unrepairable and needs to be replaced.

We didn't have a problem of paying all the treatments and all other things the staff at VCA Valley Animal Hospital said they did to improve Lady's condition, but after we treated Lady with the Slippery Elm tea and she eliminated the apricot pit, we feel very disappointed and we believe that we are entitled to a refund from VCA Valley Animal Hospital. Maybe it's needless to mention that we consider Lady as part of our family and we don't anybody else to go through the torment and stress that we had to endure with this experience.

To: Arizona State Veterinary Medical Examining Board
Re: 18-93 in Re: Kimberly Olson, DVM

This narrative account pertains to the care of "Lady" Soimaru, a 15 year old female spayed Shepherd Mix treated at VCA Valley Animal Hospital from January 26 to February 2, 2018. I was one of four veterinarians to care for Lady during her stay. Since the medical records are attached, which outline the progression of Lady's treatment under our care and facility; I do not feel it is appropriate to repeat what the medical record already states. Instead I will attempt to offer an account of my position with respect to the events associated with this inquiry.

Dr. Hanna Canfield was the primary veterinarian on Lady's case. I cared for Lady on the overnight shifts from roughly 11pm-8am the following morning on January 26th, 27th, and 28th of 2018. Outside of these times I was not involved in decision making for her care or communication with the family.

In paragraph 5 of the complaint, Mr. Soimaru discusses his impression of Lady's developing pneumothorax and options provided to him. I would first like to state that I did not speak with Mr. Gabriel Soimaru or his wife ever during Lady's stay. I spoke with his son Emmanuel Soimaru. Emmanuel had provided his phone number as a means of primary contact overnight in case of emergency. His phone number (listed in the medical record) is different from the numbers listed on the complaint filed under Mr. Gabriel Soimaru. Therefore any claim that I told Mr. Gabriel Soimaru anything directly is inaccurate.

Lady was scheduled for recheck radiographs overnight on the 26th in order to assess for changes in the previously noted pneumonia in radiographs performed at the referring veterinarian and to again reassess for the possibility of gastrointestinal obstruction. I was also tasked with placing a naso-gastric tube overnight to help with nutritional support. As noted in the medical record concerns including a distended urinary bladder and distended stomach were noted. It was decided to place the NG tube at that time to aspirate any stomach contents in order to assist with patient comfort, prevent aspiration due to recumbancy (which we were concerned may have been the cause of her pneumonia), and to initiate nutritional support. The NG tube placement was not performed under sedation due to patient condition. NG tube placement was performed with standard protocol of pre-measuring/marking the tube, using sterile lubricant, lidocaine gel, and proparacaine drops in the nostril to aid in comfortable placement. During NG tube placement it was noted that on initial attempt, the tube was inserted into the trachea. No coughing or other outward signs of the misplacement occurred. The NG tube passed smoothly with minimal resistance. After removing and reinserting, the NG tube was noted to be appropriately placed and stomach contents aspirated. During radiographs to assess proper positioning of the NG tube a developing pneumothorax was found and pet was found to be hypoxemic. Differentials for the pneumothorax included spontaneous secondary to bullae, mass/nodules, pneumonia, or other friable lung tissue; as well as trauma/iatrogenic. Since Lady's condition had changed and treatment estimates provided to the family did not include thoracocentesis or oxygen therapy, Mr. Emmanuel Soimaru was contacted. My communication log clearly outlines the concerns noted, what they meant for Lady's care, how they affected the goal of exploratory surgery, treatment options available, and cost estimate.

Mr. Gabriel Soimaru claims I told him that Lady had developed pneumonia during this first night of hospitalization and that the options provided were to start oxygen and antibiotics for $1500 or "to just let Lady die." This is inaccurate again as noted in my communication log. I did discuss humane euthanasia with Emmanuel as an option if he felt that continuing the aggressive supportive care was not feasible for his family for any reason, financial or otherwise.

There are no other specific references to the care I provided in Mr. Soimaru's complaint. I would like to attest, as did my colleagues, that Lady's case was far from simple. Emaciation, azotemia, hyperlactatemia, hypotension, pneumonia, pneumothorax, lack of bladder control, thoracic nodules, ileus and possible gastrointestinal obstruction are all major health concerns with a myriad of differentials to sort through while providing the most humane, efficacious, and cost effective treatment possible. I would like to add my support to my colleague's discussion regarding the slippery elm administered by Mr. Soimaru. I feel the same regarding the likelihood that it was not the sole treatment that allowed for her recovery and do not feel that it needs to be repeated in detail in this account. Similarly, I would like to add my support to my colleague's discussion that if we had performed exploratory surgery in her condition she may not have survived the anesthesia. I feel the same way and would mention in addition that if she survived anesthesia she also might have developed additional complications to manage through and to add to her already guarded to poor prognosis.

Lastly I would like state that I am very happy that Lady passed the apricot pit and is now doing well at home. It made us proud to be able to provide exceptional care to this patient and to achieve a positive outcome with such a complicated case. It disappoints me that despite the hours of communication spent with this family regarding Lady's condition, treatment options, and cost estimates they feel that we were neglectful or ignorant regarding her care. In today's criticisms of Veterinary medicine, being compared to an untrustworthy car mechanic is not appreciated when we were up front and honest with every aspect of her care and performed the treatments that the family authorized. I am confident that the Board is able to appreciate the complexity of the case through our thorough documentation and the progression of her condition. I am confident that the Board will recognize why a laxative was not an appropriate treatment to administer while Lady was in our care. I am confident that the Board is able to appreciate that we provided the best care possible with the family's continued consent.

Thank you for your time and consideration of this matter. Please feel free to contact me with any additional questions or concerns.

Sincerely,

**DOUGLAS A. DUCEY**
- GOVERNOR -

**VICTORIA WHITMORE**
- EXECUTIVE DIRECTOR -

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# INVESTIGATIVE COMMITTEE REPORT

**TO:** Arizona State Veterinary Medical Examining Board

**FROM:** AM Investigative Committee: Robert Kritsberg, D.V.M. - Chair
Ryan Ainsworth, D.V.M.
Christina Tran, D.V.M.
Mary Williams
Carolyn Ratajack

**STAFF PRESENT:** Tracy A. Riendeau, CVT – Investigations
Victoria Whitmore, Executive Director
Sunita Krishna, Assistant Attorney General

**RE:** Case: 18-92
Complainant(s): Gabriel Soimaru
Respondent(s): Kimberly Olson, D.V.M. (License: 6419)

**SUMMARY:**
Complaint Received at Board Office: 3/15/18
Committee Discussion: 8/7/18
Board IIR: 9/19/18

**APPLICABLE STATUTES AND RULES:**
Laws as Amended July 2014 (Salmon); Rules as Revised September 2013 (Yellow).

On January 26, 2018, "Lady," a 15 ½ year old female Shepherd mix was presented Dr. Canfield with a possible GI obstruction. The dog was in critical condition and minimally responsive. The dog was hospitalized for care and treatment – Dr. Canfield's associates assisted in caring for the dog until January 29, 2018 when she was discharged against medical advice.

On February 2, 2018, after administering the dog slippery elm tea for two days, the dog passed an apricot pit. The dog's condition improved and eventually recovered back to her prior state.

Complainant contends Respondent, and her associates, were negligent in the care of the dog.

**Complainant was noticed and did not appear.**
**Witness, Emanuel Soimaru was noticed and appeared telephonically (Complainant's son).**
**Respondent was noticed and appeared with counsel, David Stoll.**

**The Committee reviewed medical records, testimony, and other documentation as described below:**

- Complainant(s) narrative: *Gabriel Soimaru*
- Respondent(s) narrative/medical record: *Kimberly Olson, DVM*
- Consulting Veterinarian(s) narrative/medical record: *Monument East Veterinary Hospital, Pantano Animal Clinic*
- Witness(es) narrative: *Emanuel Soimaru*

**PROPOSED 'FINDINGS of FACT':**

1. On January 25, 2018, the dog was presented to Dr. Dennis at Monument East Veterinary Hospital as a walk-in for anorexia and vomiting for one day duration. The dog had a weight = 24.4 pounds (last weight 11/14/16 = 45.2 pounds). According to Dr. Dennis, the dog was laterally recumbent and painful; dull mentation. She was having paroxysmal spasms and occasionally grunting – she was emaciated, dehydrated, painful abdominal palpation, and had dark diarrhea staining on the fur around her anus. Radiographs were recommended to assess the abdominal pain and suspicion of cancer or chronic disease.

2. An IV catheter was placed in case emergency drugs were required and lateral radiographs were performed. Dr. Dennis went over the radiographs with Complainant; she was concerned about possible obstruction of the gastrointestinal tract, mechanical or functional. The thorax had multiple mineral opacities that were unlikely related to metastatic cancer. There was a soft tissue opacity under the 3rd rib which may have represented a cancerous lesion. Dr. Dennis told Complainant that she did not have a diagnosis and further diagnostics would be needed. Blood work was recommended as well as IV fluids for dehydration. If there was an obstruction in the GI tract, surgery would be needed to remove it whether it was a mass or foreign body, however surgery may not be an option if there were issues with the blood work. Dr. Dennis also suggested humane euthanasia due to the dog's age and poor body condition.

3. Complainant declined all further diagnostics and treatment and elected to take the dog home. He wanted the family to spend the evening with the dog and would bring her back in the following day for euthanasia. Dr. Dennis administered an injection of buprenorphine and the dog was discharged after the catheter was removed.

4. The following day, the dog was presented to Dr. Toll-Schacter at Southern Arizona Veterinary Specialty and Emergency Center for a second opinion. According to Complainant, Dr. Toll-Schacter recommended euthanasia as she suspected the dog had cancer. Complainant declined and requested additional radiographs or an ultrasound. Dr. Toll-Schacter performed an ultrasound and did not see a blockage. Complainant declined all further diagnostics and treatments.

5. Later that day, the dog was presented to Dr. Lawton at Pantano Animal Clinic for a third opinion. After Dr. Lawton obtained the dog's history from Complainant he recommended blood work and radiographs with a stat consultation with a board certified radiologist. Complainant approved. Blood work revealed a mild stress leukogram and significant azotemia – pre-renal. Radiographs described a small intestinal mechanical obstruction and consolidation of the left cranial lung lobes consistent with aspiration pneumonia. Dr. Lawton relayed the findings to Complainant and recommended further work-up with possible follow up ultrasound and maybe an exploratory surgery was indicated. However, with the dog's grave clinical condition and

concerning blood work, stabilization and hospitalization as well as further diagnostics was needed prior to pursuing surgery. Dr. Lawton explained that his premise does not offer those services and referred him an emergency facility. He also offered humane euthanasia as an option, which Complainant declined. He elected to take the dog to an emergency facility.

6. A copy of the blood work, radiographs and radiology report was sent with Complainant to present to the emergency facility.

7. Later that day, the dog was presented to Dr. Canfield for stabilization and hospitalization. Upon presentation, the dog was laterally recumbent, minimally responsive with a weight = 26 pounds, a temperature = 103.7 degrees, a heart rate = 160bpm and a respiration rate = 28rpm; body score 2/9. The dog was dehydrated; had severe dental disease, muffled heart sounds, pain on abdominal palpation – no palpable mass. A stabilization fee was requested so Dr. Canfield could do some preliminary diagnostics – PCV/TS/BG/Lactate = 41%/6.4/86/5.7. Due to the elevated lactate an IV catheter was placed and IV fluids were started while Dr. Canfield spoke with Complainant and his son.

8. Complainant expressed his dissatisfaction with other veterinarians over the past two days and how disappointed he was that he was encouraged to euthanize the dog and was not provided with a satisfactory diagnosis. Dr. Canfield explained that regardless of what the underlying diagnosis was, the priority needed to be stabilizing the dog with fluid therapy and supportive medications as the dog was in a life threatening condition.

9. Dr. Canfield reviewed the radiographs and blood work from previous veterinarians and noted evidence of pneumonia, possible GI obstruction, kidney disease and low albumin. She explained to Complainant that while GI foreign body was possible, given the dog's age and recent weight loss, she could not rule out a neoplastic process that could be causing an obstruction/narrowing of the GI tract. Dr. Canfield went on to explain that her concern for kidney disease vs dehydration based on the dog's azotemia. Her goal was to rehydrate the dog, provide nutritional support, and control the suspected pneumonia. Dr. Canfield advised Complainant that while an exploratory surgery to look for a GI foreign body or mass would be ideal, the dog was a poor anesthetic candidate and would likely result in death. An estimate was provided for 48 hours of hospitalization with supportive care and recheck diagnostics to see if the dog's stability could be improved.

10. The dog was hospitalized on IV fluids, cerenia, ampicillin and buprenorphine; recheck lactate tests and urine specific gravity.

11. Dr. Olson took over the dog's care overnight (11pm 1/26/18 – 8am 1/27/18). The dog rested quietly with no major changes. Recheck radiographs were performed to monitor the previously reported pneumonia, nodules and GI tract for possible obstruction. The urinary bladder was distended and was manually expressed. The stomach was moderate to severely gas and fluid distended with some abnormal gas bubbles in the small intestine. The previously noted pulmonary nodules were still present as well as the left caudal lung lobe alveolar pattern.

12. An NG tube was placed in an effort to remove gas and fluid from the stomach and to prevent aspiration of stomach contents while recumbent and to eventually provide nutritional

support. Post placement radiographs revealed developing pneumothorax therefore oxygen was initiated via mask. Radiographs were submitted to a boarded radiologist and Dr. Olson contacted Complainant's son, Emanuel, to give an update on the dog's condition.

13. Dr. Olson relayed that the dog's urinary bladder was distended and she was not urinating on her own therefore discussed placement of a urinary catheter to monitor urinary output and to prevent neurogenic bladder injury. She further discussed that she was unable to visualize a specific foreign object in the GI tract on the recheck radiographs and submitted them to a radiologist for review. There was a large amount of fluid and gas in the stomach so an NG tube was placed to help evacuate the stomach and prevent further aspiration since the dog was recumbent, and it would eventually provide nutritional supplement.

14. Dr. Olson discussed her concern for developing pneumothorax during the recheck radiographs then the NG tube placement radiographs. She relayed the drop in the dog's SPO2 and mild increase in respiratory effort; treatment, including oxygen therapy and chest tap was discussed. If the ultimate goal was to get the pet to exploratory abdominal surgery, the pneumothorax had worsened the dog's prognosis and made her a worse candidate for anesthesia. Dr. Olson advised Emanuel that if the dog's kidney values normalized and the pneumothorax resolved, and she was out of oxygen therapy, surgery could be considered, if not, then surgery would need to be postponed.

15. Dr. Olson also warned that if the dog did have an obstruction and surgery continued to be postponed there was a concern for necrotic bowel, perforation, sepsis, etc, which could be life threatening on its own. She relayed the options of moving forward with aggressive treatment including urinary catheter placement, oxygen therapy and chest tap vs considering humane euthanasia due to worsened prognosis. Emanuel elected to move forward with care. Dr. Olson provided an estimate for additional treatment which was approved over the phone. Dr. Olson performed a chest tap on the dog and removed air from both sides of the chest.

16. Dr. Coverdill took over the dog's care during the daytime shift on January 27th. The dog's urinary catheter was not properly functioning therefore he had it removed and reinstated bladder expression every 4 hours. The dog's condition remained unchanged throughout the day. Dr. Coverdill spoke with Complainant and his wife when they visited the dog. Complainant brought in one of his wife's small paint tubes, along with the cap, which he thought may be the cause of the dog's possible obstruction. Dr. Coverdill advised that he thought it was unlikely that the small object would be large enough to obstruct the dog.

17. At 3pm (1/27), Dr. Canfield took over the care of the dog. She reported that the dog was static; continued to be minimally responsive and laterally recumbent, though she appeared better hydrated. Recheck radiographs and blood work were performed and Dr. Canfield relayed her results to Emanuel and discussed at length the diagnostics and prognosis for the dog. She explained that the blood work was showing evidence of worsening malnutrition and of a worsening leukocytosis suspected due to pneumonia. However, the azotemia had resolved and her lactate was now normal. Radiographs showed a worsening pneumonia, but a resolved pneumothorax. The dog's oxygen saturation was also improved and they were weaning her off from oxygen supplementation. Dr. Canfield reiterated her concern for the dog and that she was still not stable. She recommended starting procalamine, CliniCare, through the NG tube, and

adding Baytril to the treatment plan. CliniCare was started despite the possibility of a GI obstruction due to the likelihood of the dog going into surgery was extremely low and she needed nutrition. Another estimate was provided for continued hospitalization and care which was approved.

18. Dr. Olson took over the dog's care again (11pm 1/27/18 until 8am 1/28/18) and the dog was weaned off oxygen. The dog was tolerating the Clinicare and procalamine. The bladder was still being manually stimulated for expression, no bowel movements were passed; the dog vocalized during the night and was administered buprenorphine to calm her. Dr. Olson spoke with Emanuel with an update.

19. At 3pm, 1/28/18, Dr. Canfield took over the dog's care once again. She reported that the dog's condition was static; her oxygen saturation was normal and Dr. Canfield elected to remove her nasal cannulas for comfort and recheck blood work and radiographs with radiologist review. Blood work showed improvement in albumin and leukocytosis was mildly worse. Dr. Canfield elected to not add more antibiotics at this time and allow the Baytril and unasyn to take effect. Recheck radiographs showed apparent resolution of GI signs and a static appearance to the pneumonia in the left lung field, according to the radiologist report. Dr. Canfield discussed the findings with Complainant and Emanuel and hospitalization was continued.

20. At 11pm, 1/28/18, Dr. Olson took over the dog's care again, and Dr. Carotenuto took over the dog's care at 8am on 1/29/18. No changes were made in the treatment plan.

21. On 1/29/18 at 6pm Dr. Canfield's shift started again and she over the care of the dog. She elected to not to recheck radiographs due to the lack of notable changes and preserve finances. Blood work was performed and revealed mild improvements in leukocytes, but a static albumin. At this point, Dr. Canfield and Complainant looked at all the radiographs that had been taken over the course of the dog's hospital stay with them and the previous veterinarians. She showed Complainant the comparisons between the initial radiographs from previous visits (the one discussing the shelled nut from Idexx) and current, which showed no evidence of obstruction.

22. Dr. Canfield stated in her narrative that she tried to explain to Complainant during many discussions that the question was not whether or not the radiologist at Idexx saw a possible foreign body. The report did say that there was the possibility of a shelled nut, and they were able to see the area that the radiologist was concerned about. Complainant insisted that they call the radiologist and ask him to circle the area that the foreign body was in. Dr. Canfield kept trying to explain to Complainant that circling the object in the radiograph would not help them in terms of its removal. Knowing the location of the object would not change the fact that the patient either required time and fluids, or alternatively an extremely risky exploratory. She did not feel the Complainant truly grasped this concept and misinterpreted the conversation.

23. Dr. Canfield further attempted to explain that because they were seeing such improvement in the appearance of the GI tract based on recheck radiographs, she was less concerned for a GI foreign body and more concerned for a possible space occupying mass in the GI tract. Dr. Canfield felt that a liquid diet would likely be more able to surpass a GI mass that a GI foreign

body. She stated that she never made a definitive diagnosis of cancer or of a GI foreign body; Complainant was advised many times that she was sorry she could not give a definitive diagnosis but the reality was that the dog was still critically ill and pursuing more aggressive diagnostics to confirm one way or the other was not a safe option for the dog.

24. At this time, Complainant decided he wanted to take the dog home to continue supportive care. Dr. Canfield advised against it but recommended the dog stay overnight for further IV fluid therapy and to get her medications. She also wanted to prepare the discharge instructions so the dog could receive proper home care. Dr. Canfield prescribed SQ fluids, CliniCare, Cerenia, Baytril and Amoxi-tabs, and buprenorphine. She further noted the need for bladder expression and regular feedings. Dr. Canfield's shift ended at 8am on 1/30/18.

25. On 1/30/18, at 8:30am, Dr. Carotenuto took over the dog's care and discharge to Complainant. She spoke with the pet owners at discharge and went over again the radiographs from Pantano Animal Clinic. Radiographs showed what looked like an osteoma overlaid on the stomach axis, though it could be ingesta, foreign object, etc. The object in question was not in the pyloric outflow tract or obstructive at that time. Dr. Carotenuto understood that it was frustrating to not have a diagnosis – she invited Complainant to visit the dog and if they are still fine with taking the dog home vs euthanasia, they are fine with that decision. The dog was discharged with Dr. Canfield's instructions and medication recommendations.

26. Later that day, Complainant visited Dr. Lawton at Pantano Animal Clinic upset with the minimal improvement after having the dog hospitalized over the weekend. He looked over the emergency medical records and noted that the dog's renal values had improved and no further episodes of regurgitation/vomiting had occurred. However, despite aggressive treatment, the dog developed pneumonia, a grade 3/6 heart murmur, and had become minimally responsive, laterally recumbent and started exhibiting episodes of dysphoria leading to concern for her neurological status. Euthanasia was continually declined by Complainant and the dog was discharged for hospice care at home.

27. Complainant was insistent that all clinical signs were due to a GI obstruction therefore Dr. Lawton discussed two options with him – barium series and exploratory laparotomy. Dr. Lawton warned Complainant that due to the dog's condition, she may not survive through diagnostics. Complainant elected to move forward with attempting the exploratory the following morning.

28. On January 31, 2018, Complainant arrived at Pantano Animal Clinic without the dog reporting that the dog was now urinating and appeared better. He no longer wanted to pursue diagnostics and would continue to monitor the dog at home.

29. According to Complainant, he began giving the dog Slippery Elm along with her food and treatments. This continued for three days and on Friday, February 2, 2018, the dog defecated and in it was an apricot pit. After passing the apricot pit, the dog's condition dramatically improved therefore Complainant was convinced that this was the cause of the dog's problems. The dog began to eat and drink on her own and soon began walking again.

30. Complainant believes that the doctors at VCA Valley Animal Hospital should have administered a laxative to the dog, which would have avoided the majority of treatments and

costly hospitalization fees.

31. On February 2, 2018, Complainant visited VCA Valley Animal Hospital to pick up SQ fluids and CliniCare. He requested to speak with Dr. Canfield and brought the apricot pit with him to show her what the dog eliminated. Complainant asked why they had not considered Slippery Elm therapy while the dog was in the hospital. Dr. Canfield explained that IV fluid therapy was their top therapeutic when it came to moving foreign bodies and that she would not have felt comfortable administering a natural laxative in his dog's case. The gel like substance could be fatal if aspirated and she generally avoids administering holistic medications in hospital and prefers to practice medicine that is evidence based. Additionally, it was impossible to tell if it was the Slippery Elm or the continued fluid therapy that ultimately resulted in the passing of the apricot seed.

**COMMITTEE DISCUSSION:**

The Committee discussed that the reason why the dog was able to pass the apricot pit was due to the treatment received while being hospitalized at VCA Valley Animal Hospital and Emergency Center. The dog was severely dehydrated and the fluids helped with GI motility. The dog was not a surgical candidate with a low albumin; if surgery was performed, the intestines would have dehisced. The Committee was certain that the slippery elm would not have passed the foreign body if it was not for the treatment received while hospitalized.

If an oil-based laxative was administered to the dog in the hospital while recumbent and aspirating, already having aspiration pneumonia, it would have exacerbated the problem. The care the dog received was appropriate. Additionally, the communication provided by the veterinarians was extensive.

The Committee felt the pet owners did not grasp that without the treatment the dog received it would not have been able to respond to the slippery elm. It was surprising and fortunate that the dog passed the apricot pit.

**COMMITTEE'S PROPOSED CONCLUSIONS of LAW:**

The Committee concluded that no violations of the *Veterinary Practice Act* occurred.

**COMMITTEE'S RECOMMENDED DISPOSITION:**

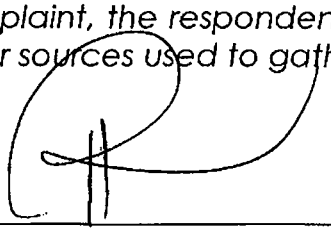
**Motion:** It was moved and seconded the Board:

*Dismiss this issue with no violation.*

**Vote:** The motion was approved with a vote of 5 to 0.

*The information contained in this report was obtained from the case file, which includes the*

*complaint, the respondent's response, any consulting veterinarian or witness input, and any other sources used to gather information for the investigation.*



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Investigative Division